

DOCUMENT REQUEST FORM

Case No.: _____ Requester: THI Date Due: _____
 True Name: Enillo Americo Rodriguez 63 / Extension: _____
 Alias (including middle name): (Leon Lopez ZERUADA) 67
 Address to be sent: _____

States or cities with which Subject is familiar: _____
 Height: 5'10" Weight: 150 Hair: Black Eyes: Brown Blood Type: _____
 Wears glasses: No Marital Status: _____ Occupation: _____
 Birth date: 27 January 1928 67 Place: San Juan, P. R.

DATA FOR BIRTH CERTIFICATE, AS OF TIME OF BIRTH

Full name: Enillo R. Mother's maiden name: Alfonso Diaz
 Last name given to children: _____
 FCB: Puerto Rico FCB: Puerto Rico
 Year of birth: 5 April 1900 Year of birth: 19 June 1910
 Occupation: Reporter Occupation: Reporter
 Residence: San Juan City Doctor's name: _____
 Number of children born to parents prior to this time: 2
 Specify state or country where documentation will be used: P. R. and Latin America
 Documentation request: Birth certificate / D.P.C. or N.Y. Driver's license - 30/6 getting this
Passport Security Card
Birth Certificate

Security clearance: _____
 Signature sample in block: _____

